Te Poari Kaimātai Hinengaro o Aotearoa
NEW ZEALAND PSYCHOLOGISTS BOARD

Guidelines for Cultural Safety

Te Tiriti O Waitangi and Māori Health and Wellbeing in Education and Psychological Practice

Introduced October 2005, Updated June 2009

Background

The New Zealand Psychologists Board governs the practice of registered psychologists by setting and monitoring standards and competencies for registration and practice, which ensures safe and competent care for the public of New Zealand. The Board's policy acknowledges that the training and practice of psychologists in Aotearoa /New Zealand reflects paradigms and worldviews of both partners to Te Tiriti o Waitangi. A commitment to cultural safety, Te Tiriti O Waitangi and factors pertaining to Māori health and wellbeing are aspects of psychological education and practice that are reflected in the Board's committee structures, and decision-making processes. Additionally, Sec 118 (i) of the Health Practitioners Competency Assurance Act (2003) requires that the Board, *"set standards of clinical and cultural competence, and ethical conduct to be observed by health practitioners of the profession"* [Refer Appendix 1]. The New Zealand Psychologists Board accepts that psychologists seeking to register in New Zealand may not, as yet, be familiar with the social, political and cultural factors underpinning New Zealand society. This booklet is an educational guide to what issues are pertinent for psychologists when working with Māori as clients, students, or colleagues.

The Code of Ethics for Psychologists Working in Aotearoa/New Zealand[1] in its preamble and guiding principles refers to the centrality of Te Tiriti O Waitangi, and the importance of respecting the dignity of "people and peoples". The Code of Ethics thus explicitly recognises factors relating to the Treaty relationship between Māori and the Crown and its agents, and between ethnically and culturally distinct peoples in New Zealand, as central to safe and competent psychological education and practice.

Māori Health

The health status of Māori is a documented concern of Māori people, health professionals and the government. Historically deficit explanations for the status of Māori health and wellbeing have put the onus of addressing health issues on to Māori. Health status, however, is the result of the negative experiences by Māori of colonisation processes, which resulted in a loss of cultural beliefs and practices and the Māori language. Irihapeti Ramsden stated:

> Māori have until recently been passive consumers of a health service that they have had little input into. As yet Māori have little control over funding, policy and delivery of health service in the State sector.
>
> Many Māori would argue that this situation is in contravention of the promise of the second article to protect the "unqualified exercise of Māori chieftainship, over lands, villages, and all their treasures"[2]

> Tino rangatiratanga guarantee has not been realised while Māori cannot gain autonomy in health service and become accountable to Māori[3]

The Ministry of Health's documents[4] highlights the seriousness of the health status of Māori and the real need to address the disparities and inequalities that exists. The Minister of Health, Hon. Annette King, stated:

[1] 2002, adopted by the New Zealand Psychological Society, the New Zealand College of Clinical Psychologists and the New Zealand Psychologists Board.
[2] Kawharu, I. (Ed). (1989). *Waitangi: Māori and Pakeha Perspectives of the Treaty of Waitangi*. Auckland, NZ: Oxford University Press.
[3] Ramsden, I. (1996). *The Treaty of Waitangi and Cultural Safety: The Role of the Treaty in Nursing and Midwifery Education in Aotearoa*. The Nursing Council of New Zealand, *Guidelines for Cultural Safety in Nursing and Midwifery Education*. Wellington, NZ: NCNZ.

Improvements in Māori health status are critical, given that Māori, on average, have the poorest health status of any group in New Zealand.

The Government has acknowledged the importance of prioritising Māori health gain and development by identifying a need to reduce and eventually eliminate health inequalities that negatively affect Māori.[5]

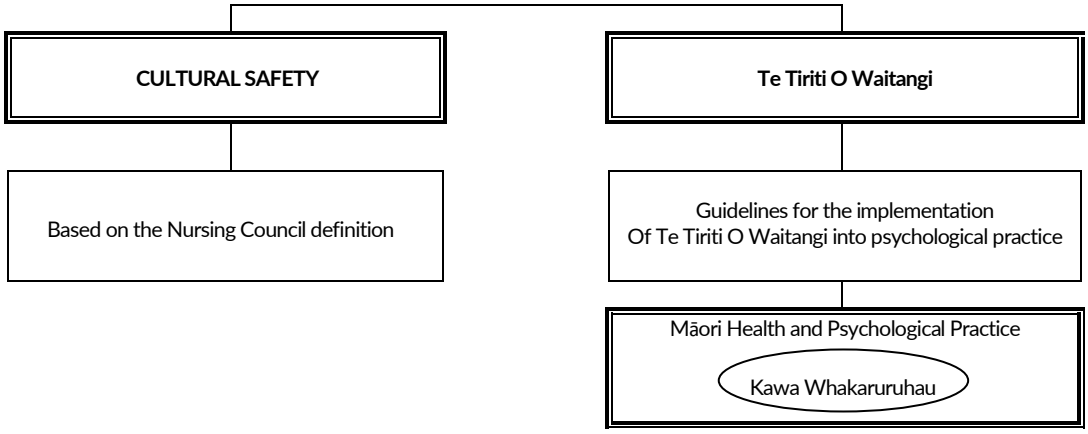
The same observations may be made in respect of other social indicators relating to Māori including imprisonment and forensic indicators, employment, child and family welfare, income and educational outcomes. Psychologists work in all the arenas in which Māori feature as subject to negative outcomes, disparities and reduced wellbeing.

Many psychologists are employed by Crown funded agencies and can, therefore, be considered agents of the Crown. As Crown agents, psychologists have an obligation to honour the principles of Te Tiriti O Waitangi while undertaking psychological practice in the delivery of services to, and with Māori consumers. To respond in an effective and efficient manner, psychologists need to develop their knowledge, skills and practice to work effectively with Māori to achieve positive health and social outcomes and gains. This involves the recognition, respect and acceptance that Māori are a diverse population, and may have worldviews that differ from many psychologists. It also requires psychologists to deliver services in a culturally safe manner, in their particular areas of practice.

In 2001, the New Zealand Psychologists Board began to seriously examine and address the significance of culture, Te Tiriti O Waitangi, indigenous rights and cultural safety in psychological education and practice.

This document will present the underlying principles for cultural safety, Te Tiriti O Waitangi and Māori health separately. The guidelines highlight the contexts within which these considerations are currently understood within psychological education and practice.

The articulation of proposed requirements for the teaching of cultural safety, Te Tiriti O Waitangi and Māori health issues within psychology is based upon the model in Figure 1.



■ Figure 1: Revised model for the teaching of cultural safety, the Treaty of Waitangi and Māori health issues within psychology.

This model can be considered in three parts.

First - cultural safety education is broad in its application and extends beyond ethnic groups; includes age or generation; gender; sexual orientation; occupation and socio-economic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The content of cultural safety education is focused on the understanding of self as a cultural bearer; the historical, social and political influences on health, in particular psychological health and wellbeing whether pertaining to individuals, peoples, organisations or communities; and the development of relationships that engender trust and respect.

Second – Te Tiriti O Waitangi education provides students and practitioners of psychology with an understanding of Te Tiriti O Waitangi, its provisions and principles within the context of Aotearoa/New Zealand. This then provides a basis for psychological practice that is consistent with the provisions and principles of Te Tiriti O Waitangi.

Third - while links are made between Te Tiriti O Waitangi and cultural safety, te Tiriti informs psychologists about Māori health and psychological education and practice. Kawa whakaruruhau (cultural safety within the Māori context) is an inherent

[4] *Social Inequalities in Health, New Zealand* (1999), the *New Zealand Health Strategy* (December 2000) and *Priorities for Māori and Pacific Health: Evidence from Epidemiology* (2001)

[5] King, A. (2001). *New Zealand Health Strategy*. Wellington, NZ, Ministry of Health. p.18

component of Māori health, wellbeing and psychology, especially in its contribution to the achievement of positive health outcomes (whether applied to individual, whanau, hapu, iwi, organisational or social and community domains).

Te Tiriti O Waitangi

Some of the strategies the New Zealand Psychologists Board recognises when working with Māori are that:

the Government affirms that Māori as tangata whenua hold a unique place in our country, and that Te Tiriti O Waitangi is the nation's founding document;

to secure Te Tiriti's place within the health sector is fundamental to the improvement of Māori health.

This priority is also affirmed in the introduction of the New Zealand Public Health and Disability Act 2000, which is the basis of the current health system in Aotearoa/New Zealand.

The centrality of Te Tiriti O Waitangi and the national need to reduce disparities in outcomes for Māori is also widely recognized in education, justice, employment and other social arenas in New Zealand society.

The 1975 Court of Appeal decided that both versions of Te Tiriti O Waitangi are legal. Thus, the Māori version must be considered by health practitioners[6] in the evolution of education and practice and in the contemporary application of Te Tiriti O Waitangi. The articles of Te Tiriti O Waitangi outline the duties and obligations of the Crown and psychology education and training providers, as their agents, to:

form partnerships with Māori;

recognise and provide for Māori interests;

be responsive to the needs of Māori;

ensure there are equal opportunities for Māori;

measure and evaluate the New Zealand Psychologists Board and education providers' response to Te Tiriti O Waitangi.

This requires the profession of psychology to have a commitment to be receptive to Māori interests, and to ensure that these interests are protected. This is particularly important in the health sector as Māori comprise a significant proportion of users of health services, and of the most vulnerable of users, and the health status of Māori is recognised as a health priority area. The participation of Māori in the services they receive from psychologists is fundamental to increasing the effectiveness of interventions.

Principles of Te Tiriti O Waitangi

The articles of Te Tiriti O Waitangi contain the principles of kawanatanga (the governance principle that recognises the right of the Crown to govern and make laws for the common good) and tino rangatiratanga (which allows Māori self-determination). In 1998 the Royal Commission on Social Policy described the principles of partnership, protection and participation inherent within Te Tiriti o Waitangi. The principles of Te Tiriti O Waitangi form the basis of interactions between psychologists and Māori consumers of the services they provide.

Principle One

Tino rangatiratanga enables Māori self-determination over health, recognises the right to manage Māori interests, and affirms the right to development, by:

1) enabling Māori autonomy and authority over health;

2) accepting Māori ownership and control over knowledge, language and customs, and recognises these as taonga;

[6] Including psychologists under the terms of the Health Practitioners Competency Assurance Act 2003.

3) facilitating Māori to define knowledge and worldviews and transmit these in their own ways;

4) facilitating Māori independence over thoughts and action, policy and delivery, and content and outcome as essential activities for self-management and self-control.

Principle Two

Partnership involves psychologists working together with Māori with the mutual aim of improving health outcomes for Māori by:

1) acting in good faith as Tiriti O Waitangi partners;

2) working together with an agreed common purpose, interest and cooperation to achieve positive health outcomes;

3) not acting in isolation or unilaterally in the assessment, decision making and planning of services and service delivery;

4) ensuring that the integrity and wellbeing of both partners is preserved.

Principle Three

The psychology workforce recognises that health is a taonga and acts to protect it by:

1) recognising that Māori health is worthy of protection in order to achieve positive health outcomes and improvement in health status;

2) ensuring that services and delivery are appropriate and acceptable to individuals and their families and are underpinned by the recognition that Māori are a diverse population;

3) facilitating wellbeing by acknowledging beliefs and practices held by Māori;

4) promoting a responsive and supportive environment.

Principle Four

The psychologist recognises the citizen rights of Māori and the rights to equitable access and participation in health services and delivery at all levels through:

1) facilitating the same access and opportunities for Māori as there are for non-Māori;

2) pursuing equality in health outcomes.

Te Tiriti O Waitangi Learning Outcomes

The expected outcome for psychology education will be that registered psychologists will be active Tiriti O Waitangi partners. The New Zealand Psychologists Board, as a statutory body, will be responsible for ensuring that psychology training and education is fully cognizant of the principles and provisions of Te Tiriti O Waitangi as relevant to psychological education practice. Therefore, the learning outcomes for Te Tiriti O waitangi education are that psychologists will:

1) critically analyse Te Tiriti O Waitangi and its relevance to the health and wellbeing of Māori in Aotearoa/New Zealand;

2) demonstrate the application of the principles of Te Tiriti O Waitangi to psychological practice.

Kawa Whakaruruhau - Cultural Safety and Māori Wellbeing

Background

Psychologists work with the social realities of people, many of whom do not have their own 'cultural information'. Therefore, knowledge and skills are required to work with behaviours that result from a series of sophisticated social and personal events.

In the past, codes of ethics have stated that people should receive care 'without regard to their sex, race, or culture or their economic educational or religious backgrounds'[7].

Cultural safety requires that all human beings receive psychological services that take into account all that makes them unique.

Cultural safety relates to the experience of the recipient of psychological services and extends beyond cultural awareness and cultural sensitivity. It provides consumers of psychological services with the power to comment on practices and contribute to the achievement of positive outcomes and experiences. It also enables them to participate in changing any negatively perceived or experienced service.

In 2002, the New Zealand Psychologists Board commissioned a discussion document to consider cultural safety in the teaching and practice of psychology in Aotearoa/New Zealand, with a particular focus on kawa whakaruruhau (cultural safety as applied to Māori culture, norms and values).

The report, authored by Keri Lawson-Te Aho, raised a number of critical questions and issues for all registered psychologists who are teaching, training and/or practicing in Aotearoa/New Zealand. Some of these are reproduced below:

- A question fundamental to cultural safety in psychology teaching and practice is "How 'safe' are our practices as psychologists in cultural terms?"
- Cultural safety has an inherent requirement that psychologists reflect on their roles as holders of power.
- Cultural safety encourages psychologists to recognise and acknowledge the existence of cultural bias and boundedness implicit with aspects of Western psychological theory, training and practice.
- Cultural safety is about self-reflection and more importantly, what the consumer experiences.
- Consumers of psychological training and services are the ultimate judges of cultural safety.

It is proposed that the New Zealand Psychologists Board adopt a definition of cultural safety modelled on that produced by the New Zealand Nursing Council:

The effective psychological education and practice as applied to a person, family or group from another culture, and as determined by that person, family or group. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socio-economic status; cultural and epistemological frame of reference; ethnic origin or migrant experience; religious or spiritual belief; and disability.

The psychologist delivering the psychological service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. In addition the psychologist delivering the psychological service will understand and recognise the cultural origins, assumptions and limitations of certain forms of psychological practice within some cultural contexts. Unsafe cultural practice comprises any action, which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual, family or group.

Cultural Safety Education

The purpose of cultural safety in psychology education extends beyond the description of practices, beliefs and values of ethnic groups. Confining learning to rituals, customs and practices of a group assumes that learning about one aspect gives insight into the complexity of human behaviours and social realities. This assumption that cultures are simplistic in nature can lead to a checklist approach by service providers, which negate diversity and individual consideration.

[7] For example, Auckland Hospital Board (c. 1970s 1980s). *Code of Rights and Obligations: Patients and Staff.* All District Health Boards had similar publications that were distributed to patients and used as a basis for teaching ethics to nurses.

Cultural safety education is focused on the knowledge and understanding of the individual psychologist, rather than on attempts to learn accessible aspects of different groups. A psychologist who can understand his or her own culture and the theory of power relations can be culturally safe in a number of contexts (see **Table 1**).

CULTURAL AWARENESS	CULTURAL SENSITIVITY	CULTURAL SAFETY
Is a beginning step toward understanding that there is difference. Many people undergo courses designed to sensitise them to formal ritual and practice rather than the emotional, social, economic and political context in which people exist.	Alerts psychologists to the legitimacy of difference and begins a process of self-exploration as the powerful bearers of their own life experience and realities and the impact this may have on others.	Is an outcome of psychology education that enables safe service to be defined by those who receive the service.

■ Table 1: The process toward achieving cultural safety in psychological practice[8]

Cultural Safety Principles

Cultural safety is underpinned by communication, recognition of the diversity in worldviews (both within and between cultural groups), and the impact of colonisation processes on minority colonized groups. Cultural safety is an outcome of psychology education that enables a safe, appropriate and acceptable service as defined by those who receive it. The following principles underpin cultural safety education.

Principle One

Cultural safety aims to improve the health status and wellbeing of New Zealanders and applies to all relationships through:

1) an emphasis on health gains and positive health and wellbeing outcomes;

2) psychologists acknowledging the beliefs and practices of those who differ from them. For example, this may be by: age or generation, gender, sexual orientation, occupation and socio-economic status, ethnic origin or migrant experience, religious or spiritual belief, disability.

Principle Two

Cultural safety aims to enhance the delivery of health and disability and psychological services through a culturally safe psychology workforce by:

1) identifying the power relationship between the service provider and the people who use the service. The psychologist accepts and works alongside others after undergoing a careful process of institutional and personal analysis of power relationships;

2) empowering the users of the service. People should be able to express degrees of perceived risk or safety. For example, someone who *feels* unsafe may not be able to take full advantage of a service offered and may subsequently require more intrusive and serious intervention;

3) preparing psychologists to understand the diversity within their own cultural reality and the impact of that on any person who differs in any way from themselves;

4) applying social science concepts that underpin the practice of psychology. Psychological practice is more than carrying out tasks. It is about relating and responding effectively to people with diverse needs and strengths in a way that the people who use the service can define as safe.

[8] Ramsden, I. (1992) *Kawa Whakaruruhau: Guidelines for Nursing and Midwifery Education.* Wellington, NZ; Nursing Council of New Zealand.

Principle Three

Cultural safety is broad in its application:

1) recognising inequalities within health care, education, employment and societal interactions that represent the microcosm of inequalities in health, education, employment and society that have prevailed within our nation more[9];

2) addressing the cause and effect relationship of history, political, social, and employment status, housing, education, gender and personal experience upon people who use psychological services;

3) accepting the legitimacy of difference and diversity in human behaviour and social structure;

4) accepting that the attitudes and beliefs, policies and practices of psychological service providers can act as barriers to service access;

5) concerning quality improvement in service delivery and consumer rights.

Principle Four

Cultural safety has a close focus on:

1) understanding the impact of the psychologist as a bearer of his/her own culture, history, attitudes and life experiences and the response other people make to these factors;

2) challenging psychologists to examine their practice carefully, recognising the power relationship in psychology is biased toward the provider psychological service;

3) balancing the power relationships in the practices of psychology so that every consumer receives an effective service;

4) preparing psychologists to resolve any tension between the culture of psychology, the culture on which psychological theory and practice has traditionally been based, and the people using the services;

5) understanding that such power imbalances can be examined, negotiated and changed to provide equitable, effective, efficient and acceptable service delivery, which minimises risk to people who might otherwise be alienated from the service[10];

6) an understanding of self, the rights of others and legitimacy of difference should provide the psychologists with the skills to work with all people who are different from them.

Cultural Safety Learning Outcomes

The expected outcome of psychology education will be registered psychologists who will practise in a culturally safe manner, as defined by the recipients of their care or service. Therefore, the learning outcomes for cultural safety education are that psychologists be able to:

1) examine their own realities and the attitudes they bring to each new person they encounter in their practice;

2) evaluate the impact that historical, political and social processes have on the health of all people; and

3) demonstrate flexibility in their relationships with people who are different from them.

The content of cultural safety education should directly contribute to the meeting of these learning outcomes and be contextualised to the practice of psychology (as appropriate).

[9] Kearns, R, (1996). Unpublished paper presented to the PHA Conference in Auckland, New Zealand.
[10] ' Dune, M. (1994), *Whaiora: Māori health development.* Auckland, NZ: Oxford University Press.

Principles of Kawa Whakaruruhau and Psychological Practice

The profession of psychology has a responsibility to respond to Māori health and social outcome disparities by improving the delivery of psychological services to Māori to ensure that they are responsive to, and acknowledge and respect the diversity of worldviews that may exist between Māori consumers of psychological services. This will be underpinned by psychologists having an analysis and understanding of the historical processes and social, economic and political power relationships that have contributed to the status of Māori social and health outcomes, Te Tiriti O waitangi and of kawa whakaruruhau (cultural safety) within the context of psychological practice.

Principle One

Māori health and social outcomes, and the inequalities and disparities in health and social status that exist, can be understood by:

1) analysing the historical, social, economic and political processes that Māori have been subjected to;

2) critiquing the relationship between Māori and the Crown and its agents based on Te Tiriti O Waitangi;

3) analysing the power that psychologists use when working with consumers who are Māori.

Principle Two

The effectiveness of psychological education and practice in responding to Māori health issues can be optimised when partnerships are developed with local Māori by:

1) establishing partnerships based on Te Tiriti O Waitangi between psychology education and service providers and local Māori;

2) identifying various models of Māori wellbeing, functioning and realities to assist in the development of appropriate psychological services.

Principle Three

Māori health and social outcomes occur within a socio-political context and involve a complex interaction with multiple dimensions, extending beyond the physical being and medical diagnoses, which:

1) recognises the significance of Māori identity, beliefs, values and practices and how these can be responded to within psychological practice

2) results in the enhancement of health and wellbeing when incorporated into the assessment, planning and intervention phases of psychological practice.

Principle Four

Psychology has a role in enhancing the delivery of psychological health and disability, forensic, employment, industrial/organisational, counselling, and educational services to Māori and in achieving positive health and social outcomes and gains through:

1) recognising the diversity that exists amongst the population of Māori;

2) acknowledging and respecting the difference in worldviews, beliefs and practices that impacts on health, wellbeing and social status;

3) improving access to services;

4) practising within a framework that involves Māori in the assessment, planning and treatment phases of service delivery;

5) understanding the impact that the psychologist as a bearer of his/her own culture, history, attitudes and life experiences has on Māori consumers.

Kawa Whakaruruhau Learning Outcomes

The expected outcome for psychology education will be that registered psychologists be responsive to improving service delivery to Māori consumers and working in partnership with Māori to improve health and social outcomes for individuals, families and communities. The learning outcomes for Māori psychology education are that psychologist will:

1) critically analyse the underlying historical, social, economic and political processes that have contributed to the inequalities and disparities in the Māori health and social status;

2) understand the diversity that exists amongst Māori and how this will influence the delivery of effective psychological services;

3) use knowledge of kawa whakaruruhau and Te Tiriti O Waitangi as a basis of their practice in order to establish functional partnerships with Māori consumers.

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